

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	CH		10-17-01
FEE DETERMINATION			10/31/01
O.I.P.E. CLASSIFIER			11/1/01
FORMALITY REVIEW	T	1141	2-06-01
RESPONSE FORMALITY REVIEW	CK	1109	

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

AVAILABLE COPY

Claim	Date
Final	
Original	4/12
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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